

S-0305

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000321

7590

02/02/2005

SENNIGER POWERS LEAVITT AND ROEDEL
 ONE METROPOLITAN SQUARE
 16TH FLOOR
 ST LOUIS, MO 63102

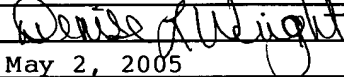
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Denise L. Wright

(Depositor's name)



(Signature)

May 2, 2005

(Date)

05/06/2005 SDENB0B2 00000013 10002292

01 FC:1501 1400.00 OP
 02 FC:1504 300.00 OP
 03 FC:8001 6.00 OP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/002,292	11/15/2001	Brian Ward	SGM 6938.1	2146

TITLE OF INVENTION: RECOMBINANT DNA PROCESSES USING A DNTF MIXTURE CONTAINING MODIFIED NUCLEOTIDES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	05/02/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
HORLICK, KENNETH R	1637	435-091100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address Form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Senniger Powers

2

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Sigma-Aldrich, Co.

Highland, Illinois

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies 2

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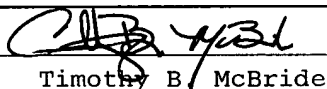
☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-1345 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature



Date

5/2/05

Typed or printed name

Timothy B. McBride

Registration No.

47,781

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